

**Prelicensing/Continuing Education Program
Instructor Qualification Form**

LIC 446-4 (Rev 05/2008)

Producer Licensing - Education Unit320 Capitol Mall
Sacramento, CA 95814-4309
Information (916) 492-3064**INSTRUCTIONS**

- This form must be completed by each proposed instructor, lecturer, moderator or person conducting a classroom course, seminar, workshop, conference, etc. or person identified by the provider to respond to non-contact course student questions.
- Type or print clearly in ink.
- Provider Director must verify the information provided by the instructor.
- **DO NOT SUBMIT THIS FORM TO THE DEPARTMENT. PLEASE RETAIN THIS FORM IN YOUR FILES FOR FIVE YEARS.**
- Attach additional sheets if more space is needed to answer questions.

Provider Number: _____ Date: _____

Provider Name: _____ Telephone: (____) _____

Address: _____
Street City State Zip Code

Instructor Name: _____ Residence Phone: (____) _____

Residence Address _____
Street City State Zip Code

List the course titles and course numbers to be taught:

Course Title Course Number

Describe your experience (within the last 5 years) in the course or related subject matter:

If you hold or have ever held an insurance license, complete the following:

License Type License Number State or Province Dates License Held
From To

If you have a college degree in the subject matter being taught, complete the following:

Name of College or University Course of Study Degree Date Completed

Please indicate if you hold a recognized professional insurance designation and the date earned:

☐ LUTC ☐ CLU ☐ AAI ☐ CPCU ☐ CIC ☐ Other: _____

If you hold a recognized professional credential in the subject matter being taught, complete the following:

Type of Credential Credential Number Date Earned State or Province Issued

Have you ever been an instructor for another approved preclicensing or continuing education provider? ☐ YES ☐ NO

If YES, list the provider names, dates and reasons for leaving:

1. Have you been the subject of any administrative agency disciplinary action? ☐ Yes ☐ No

For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.

2. Have you ever been convicted of a crime? ☐ Yes ☐ No

"Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

IMPORTANT NOTE: If the answer is "YES" to either of the above two questions, attach a detailed statement, signed by you, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies **CERTIFIED BY THE COURT** of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

INSTRUCTOR CERTIFICATION

I certify under penalty of perjury that the information contained in this application is true and correct and that nothing has been withheld which would influence a complete evaluation of my qualifications and conduct as an instructor.

I understand that this completed application will be maintained by the provider and made available to the commissioner as requested.

Original Signature of Instructor

Date

PROVIDER VERIFICATION

I certify under penalty of perjury that I have reviewed and verified the qualifications of the instructor named above. To the best of my knowledge and belief, this person meets at least one of the following instructor qualification requirements as stated in sections 2105.4 and 2188.1 of the California Code of Regulations:

- ☐ Three years experience within the last five years in the course or related subject matter.
- ☐ Currently licensed as an insurance agent or broker for the subject being taught and holding the insurance license for three of the last five years.
- ☐ Possession of a college degree in the subject matter being taught, or a related recognized professional designation or related recognized professional credential in the subject matter being taught and two years experience within the last five years in the course or related subject matter.

DO NOT SUBMIT THIS FORM TO THE DEPARTMENT. PLEASE RETAIN THIS FORM IN YOUR FILES FOR REVIEW DURING A PROVIDER AUDIT.

Original Signature of Provider Director

Date

Printed Name of Provider Director